

# Specialty Drug List

Coverage as of January 1, 2025

Specialty medications are used to treat complex medical conditions. They're typically injected or infused, and may need special handling (like refrigeration).

## About this drug list

This is a list of the most commonly prescribed specialty medications covered as of January 1, 2025.

- Medications are listed alphabetically.
- Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.
- **The drug list is updated often so it isn't a full list of the medications your plan covers.** Also, your specific plan may not cover all of these medications.

## Some plans have specific coverage requirements for specialty medications

For example, plans may:

- Cover specialty medications on a specialty tier.
- Limit coverage to a 30-day supply.
- Require you to fill certain medications through Accredo<sup>®</sup>'s specialty pharmacy to be covered.<sup>1</sup> In this drug list, these medications have an asterisk (\*) next to them.
- Log in to the **myCigna<sup>®</sup> App<sup>2</sup>** or **myCigna.com<sup>®</sup>**, or check your plan materials, to learn more about how your plan covers specialty medications.



## Consider using Accredo's specialty pharmacy

Accredo's team of specially-trained pharmacists and nurses will fill and ship your specialty medication to your home (or location of your choice).<sup>3</sup> They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- 24/7 access to pharmacists and nurses
- Personalized care services, such as training on how to administer your medication
- Help you find ways to pay for your medications
- Fast shipping at no extra cost<sup>4</sup>
- Easy refills and reminders
- Easily manage your medications online and track your orders

To learn more, go to **Cigna.com/specialty** or call **877.826.7657**, Monday–Friday, 7:00 am–8:00 pm CST or Saturday, 7:00 am–4:00 pm CST

## Medication name

### A

abacavir  
 abacavir-lamivudine  
 abacavir-lamivudine-  
 zidovudine  
 ABECMA  
 abiraterone\*  
 ABRAXANE  
 ABRILADA (CF)  
 ACTEMRA\*  
 ACTHAR VIAL\*  
 ACTIMMUNE\*  
 ADAKVEO  
 ADALIMUMAB-AACF (CF)  
 PEN\*  
 ADALIMUMAB-AATY (CF)  
 ADALIMUMAB-ADAZ (CF)\*  
 ADALIMUMAB-ADBM  
 (CF)\*  
 ADALIMUMAB-FKJP (CF)  
 ADALIMUMAB-RYVK (CF)\*  
 ADBRY\*  
 ADCETRIS  
 ADCIRCA\*  
 adefovir\*  
 ADEMPAS\*  
 ADRIAMYCIN  
 adrucil  
 ADSTILADRIN  
 ADUHELM\*  
 ADVATE\*  
 ADYNOVATE\*  
 ADZYNMA  
 AFINITOR\*  
 AFINITOR DISPERZ  
 AFSTYLA\*  
 AGAMREE  
 AKEEGA  
 ALDURAZYME\*

ALECENSA\*  
 ALFERON N\*  
 ALIMTA  
 ALIQOPA  
 ALKERAN  
 alosetron\*  
 ALPHANATE\*  
 ALPHANINE SD\*  
 ALPROLIX\*  
 ALTUVIIIIO\*  
 ALUNBRIG  
 ALVAIZ  
 ALYGLO  
 ALYMSYS  
 alyq\*  
 ambrisentan\*  
 AMELUZ  
 AMICAR\*  
 aminocaproic acid\*  
 AMJEVITA (CF)\*  
 AMONDYS-45  
 AMPYRA\*  
 AMTAGVI  
 AMVISC  
 AMVISC PLUS  
 AMVUTTRA  
 ANDEXXA  
 APHEXDA  
 ANKTIVA  
 APOKYN\*  
 apomorphine  
 APRETUDE  
 APTIVUS  
 ARALAST NP  
 ARANESP  
 ARCALYST  
 ARESTIN\*  
 ARGATROBAN  
 argatroban-0.9% nacl\*  
 ARIKAYCE

ARIXTRA  
 ARRANON  
 arsenic trioxide  
 ASCENIV  
 ASCLERA  
 ASPARLAS  
 ASTAGRAF XL\*  
 atazanavir  
 ATGAM  
 ATRIPLA  
 AUBAGIO\*  
 AUSTEDO\*  
 AUSTEDO XR\*  
 AUSTEDO XR TITRATION  
 KIT (WEEK 1-4)\*  
 AVASTIN  
 AVEED  
 AVONEX\*  
 AVSOLA\*  
 AYVAKIT  
 azacitidine  
 AZASAN\*  
 azathioprine tablet\*  
 AZEDRA DOSIMETRIC  
 AZEDRA THERAPEUTIC

### B

BAFIERTAM\*  
 BALVERSA  
 BARACLUDE\*  
 BAVENCIO  
 BCG VACCINE (TICE  
 STRAIN)  
 BELEODAQ  
 BELRAPZO\*  
 bendamustine 25 mg, 100  
 mg vial  
 BENDAMUSTINE 100 MG/  
 4 ML VIAL\*  
 BENDEKA\*

BENEFIX\*  
 BENLYSTA AUTO-  
 INJECTOR, SYRINGE\*  
 BENLYSTA VIAL  
 BEOVU  
 BEQVEZ  
 BERINERT\*  
 BESPONSA  
 BESREMI  
 betaine I gram/scoop  
 powder\*  
 BETASERON\*  
 BETHKIS\*  
 BEVACIZUMAB  
 bexarotene\*  
 BICNU  
 BIKTARVY  
 BIMZELX\*  
 biolon  
 BIVIGAM\*  
 bleomycin  
 BLINCYTO  
 bortezomib  
 bosentan\*  
 BOSULIF\*  
 BOTOX 100 UNIT VIAL  
 BOTOX 200 UNIT VIAL\*  
 BRAFTOVI\*  
 BREYANZI  
 BRINEURA  
 BRIUMVI  
 BRIXADI\*  
 BRONCHITOL\*  
 BRUKINSA  
 BUPHENYL  
 busulfan  
 BUSULFEX  
 BYLVAY\*  
 BYOOVIZ

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## Medication name

### C

CABENUVA  
CABLIVI  
CABOMETYX\*  
CALQUENCE  
CAMCEVI  
CAMPTOSAR  
CAMZYOS\*  
capecitabine\*  
CAPRELSA  
CARBAGLU\*  
carboplatin  
carglumic acid\*  
carmustine  
CARVYKTI  
CASGEVY  
CAYSTON\*  
CELLCEPT CAPSULE,  
ORAL SUSPENSION,  
TABLET\*  
CELLCEPT VIAL  
CEPROTIN  
CERDELGA\*  
CEREZYME\*  
cetorelix  
CETROTIDE  
CHENODAL  
CHOLBAM  
CHORIONIC  
GONADOTROPIN  
CIBINQO  
cidofovir  
CIMDUO  
CIMERLI  
CIMZIA\*  
cinacalcet  
CINQAIR  
CINRYZE\*  
cisplatin  
cladribine  
clofarabine

clovique\*  
COAGADDEX  
COLUMVI\*  
COMBIVIR  
COMETRIQ\*  
COMPLERA  
COPAXONE\*  
COPIKTRA  
CORIFACT  
CORLANOR ORAL  
SOLUTION  
CORTROPHIN\*  
COSELA  
COSENTYX VIAL  
COSENTYX SENSOREADY  
PEN\*  
COSENTYX SYRINGE\*  
COSENTYX UNOREADY  
PEN\*  
COSMEGEN  
COTELLIC\*  
CRYSVITA  
CUPRIMINE  
CUTAQUIG  
CUVITRU  
CUVRIOR  
cyclophosphamide  
capsule, tablet\*  
cyclophosphamide vial  
cyclosporine ampule  
cyclosporine capsule\*  
cyclosporine modified\*  
CYKLOKAPRON  
CYLTEZO (CF)\*  
CYRAMZA  
CYSTADANE  
CYSTADROPS  
CYSTAGON  
CYSTARAN  
cytarabine  
CYTOGAM

### D

dacarbazine  
DACOGEN  
dactinomycin  
dalfampridine er\*  
DANYELZA  
DARAPRIM  
darunavir  
DARZALEX\*  
DARZALEX FASPRO  
daunorubicin  
DAURISMO\*  
DAXXIFY  
DAYBUE  
DDAVP AMPULE, VIAL  
decitabine  
deferasirox\*  
deferiprone  
deferiprone (3 times a  
day)\*  
DEFITELIO  
deflazacort oral  
suspension  
deflazacort tablet\*  
DELSTRIGO  
DEPEN  
DESCOVY  
desmopressin ampule, vial  
dexrazoxane  
DIACOMIT  
dichlorphenamide\*  
didanosine  
dimethyl\*  
DOCEFREZ  
docetaxel 20 mg/ml, 20  
mg/2 ml, 80 mg/4 ml,  
80 mg/8 ml, 160 mg/16  
ml vial\*  
docetaxel 160 mg/8 ml  
vial\*  
DOJOLVI\*

DOPTELET\*  
DOVATO  
DOXIL  
doxorubicin  
doxorubicin liposome  
droxidopa\*  
DSUVIA  
DUOPA \*  
DUPIXENT\*  
DUROLANE\*  
DURYSTA\*  
DYSPORT\*

### E

edaravone  
EDURANT  
efavirenz  
efavirenz-emtricitabine-  
tenofovir  
efavirenz-lamivudine-  
tenofovir  
EGRIFTA SV\*  
ELAHERE  
ELAPRASE  
ELELYSO  
ELEVIDYS  
ELFABRIO  
ELIGARD\*  
ELITEK  
ELLENCE  
ELOCTATE\*  
ELREXFIO  
ELZONRIS  
EMCYT\*  
EMFLAZA\*  
EMPAVELI  
EMPLICITI\*  
emtricitabine  
emtricitabine-tenofovir  
EMTRIVA  
ENBREL\*  
ENHERTU\*

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## Medication name

ENJAYMO	EYLEA	GAMIFANT	HARVONI*
enoxaparin	EYLEA HD	GAMMAGARD*	HEMGENIX
ENOXILUV	<b>F</b>	GAMMAKED*	HEMLIBRA*
ENSPRYNG*	FABHALTA	GAMMAPLEX	HEMOFIL M*
entecavir*	FABRAZYME*	GAMUNEX-C*	HEPAGAM B
ENTYVIO*	FASENRA*	GANCICLOVIR BAG	HEPZATO
ENVARBUS XR*	FASLODEX	ganciclovir vial	HERCEPTIN
EPCLUSA*	FEIBA NF*	ganirelix	HERCEPTIN HYLECTA
EPIDIOLEX*	FENSOLVI	GATTEX*	HERZUMA
epirubicin	FERRIPROX	GAVRETO*	HETLIOZ*
EPIVIR	FIBRYGA	GAZYVA	HETLIOZ LQ*
EPIVIR HBV	FILSPARI	gefitinib*	HIZENTRA
EPKINLY	FILSUVEZ	GEL-ONE*	HULIO (CF)
EPOGEN	finngolimod*	GELSYN-3*	HUMATE-P*
epoprostenol*	FINTEPLA	gemcitabine	HUMATROPE*
EPZICOM	FIRAZYR	gengraf*	HUMIRA*
ERBITUX	FIRDAPSE	GENOTROPIN*	HYALGAN*
eribulin	FIRMAGON*	GENVISC 850*	HYCAMTIN*
ERIVEDGE*	FLEBOGAMMA DIF	GENVOYA	HYFTOR
ERLEADA*	FLOLAN	GIAPREZA	HYLENEX*
erlotinib*	floxuridine	GILENYA 0.25 MG CAPSULE	HYMOVIS*
ERWINASE	fludarabine	GILENYA 0.5 MG CAPSULE*	HYPERHEP B
ESBRIET*	fluorouracil vial	GILOTRIF*	HYPERRAB
ESPEROCT*	FOLLISTIM AQ	GIMOTI	HYPERRHO S-D
ETHYOL	FOLOTYN	GIVLAARI*	HYQVIA
ETOPOPHOS	fondaparinux	GLASSIA	HYRIMOZ (CF)*
etoposide capsule*	FORTEO*	glatiramer*	<b>I</b>
etoposide vial	fosamprenavir	glatopa*	ibandronate syringe, vial*
etravirine	FOTIVDA	GLEEVEC*	IBRANCE*
EUFLEXXA*	FRAGMIN	GLIADEL	icatibant*
EVENITY	FRUZAQLA	GONAL-F	ICLUSIG
everolimus tablet*	FULPHILA	GONAL-F RFF	IDACIO (CF)*
everolimus tablet for suspension	fulvestrant	GONAL-F RFF REDI-JECT	IDAMYCIN PFS
EVKEEZA	FUZEON	GRANIX	idarubicin
EVOMELA	FYARRO	<b>H</b>	IDELVION*
EVOTAZ	FYLNETRA	HADLIMA*	IDHIFA*
EVRYSDI*	fyremadel	HADLIMA (CF) *	IDOSE TR
EXJADE*	<b>G</b>	HAEGARDA*	IFEX
EXKIVITY	GALAFOLD*	HALAVEN	ifosfamide
EXONDYS-5I	GAMASTAN*		ILARIS*
EXSERVAN			ILUMYA*

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## Medication name

ILUVIEN  
 imatinib\*  
 IMBRUVICA  
 IMCIVREE  
 IMDELLTRA  
 IMFINZI  
 IMJUDO\*  
 IMLYGIC  
 IMOGAM RABIES-HT  
 IMURAN\*  
 INBRIJA  
 INCRELEX\*  
 INFLECTRA\*  
 INFLIXIMAB\*  
 INFUGEM\*  
 INGREZZA  
 INLYTA\*  
 INQOVI\*  
 INREBIC\*  
 INTELENCE  
 IRESSA\*  
 irinotecan  
 ISENTRESS  
 ISENTRESS HD  
 ISTODAX  
 ISTURISA  
 IWILFIN  
 IXEMPRA  
 IXINITY\*  
 IZERVAY

## J

JADENU\*  
 JADENU SPRINKLE\*  
 JAKAFI\*  
 javygtor powder packet  
 javygtor tablet\*  
 JAYPIRCA\*  
 JELMYTO  
 JEMPERLI  
 JEVTANA\*  
 JIVI\*

JOENJA  
 JULUCA  
 JUXTAPID\*  
 JYNARQUE

## K

KADCYLA  
 KALBITOR\*  
 KALETRA  
 KALYDECO\*  
 KANJINTI  
 KANUMA  
 KCENTRA  
 KEDRAB  
 kemoplat  
 KEPIVANCE  
 KESIMPTA\*  
 KEVEYIS  
 KEVZARA\*  
 KEYTRUDA  
 KIMMTRAK  
 KINERET  
 KISQALI\*  
 KISQALI FEMARA CO-  
 PACK\*  
 KITABIS PAK\*  
 KOATE\*  
 KOGENATE FS\*  
 KORLYM  
 KORSUVA  
 KOSELUGO  
 KOVALTRY\*  
 KRAZATI  
 KRYSTEXXA  
 KUVAN\*  
 KYLEENA  
 KYMRIAH  
 KYPROLIS\*

## L

lamivudine  
 lamivudine HBV

lamivudine-zidovudine  
 LAMZEDE  
 lanreotide\*  
 lapatinib\*  
 LEDIPASVIR-SOFOSBUVIR  
 LEMTRADA\*  
 lenalidomide\*  
 LENMELDY  
 LENVIMA\*  
 LEQEMBI  
 LEQVIO  
 LETAIRIS\*  
 LEUKINE  
 leuprolide\*  
 LEUPROLIDE DEPOT  
 LEVULAN  
 LEXIVA  
 LIBTAYO  
 LILETTA  
 LIQREV\*  
 LITFULO\*  
 LIVMARLI  
 LIVTENCITY  
 LONSURF\*  
 lopinavir-ritonavir  
 LOQTORZI  
 LORBRENA\*  
 LOTRONEX\*  
 LOVENOX  
 LUCENTIS  
 LUMAKRAS\*  
 LUMIZYME  
 LUMOXITI  
 LUMRYZ\*  
 LUNSUMIO  
 LUPKYNIS  
 LUPRON DEPOT\*  
 LUPRON DEPOT-PED\*  
 LUTATHERA  
 LUXTURNA\*  
 LYFGENIA  
 LYNPARZA\*

LYTGOBI

## M

MACI  
 MACRILEN\*  
 maraviroc  
 MARGENZA  
 MATULANE  
 MAVENCLAD\*  
 MAVYRET\*  
 MAYZENT\*  
 MEKINIST\*  
 MEKTOVI\*  
 melphalan  
 MENOPUR  
 MEPSEVII  
 mesna  
 MESNEX  
 mifepristone 300 mg  
 tablet  
 miglustat\*  
 MIRCERA  
 MIRENA  
 mitomycin vial  
 mitoxantrone  
 MONJUVI  
 MONOVISC\*  
 MOZOBIL  
 MUGARD  
 MULPLETA\*  
 MVASI  
 MYALEPT\*  
 MYCAPSSA  
 mycophenolate capsule,  
 oral suspension, tablet\*  
 mycophenolate vial  
 mycophenolic acid\*  
 MYFORTIC\*  
 MYLOTARG  
 MYOBLOC\*  
 MYTESI

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## Medication name

### N

NABI-HB  
NAGLAZYME  
nelarabine  
NEORAL\*  
NERLYNX\*  
NEULASTA  
NEULASTA ONPRO\*  
NEUPOGEN  
nevirapine  
nevirapine er  
NEXAVAR\*  
NEXPLANON  
NEXVIAZYME\*  
NGENLA  
NINLARO\*  
NIPENT  
nitisinone\*  
NITYR  
NIVESTYM\*  
NORDITROPIN FLEXPRO\*  
NORTHERA\*  
NORVIR  
NOURIANZ\*  
NOVAREL  
NOVOEIGHT\*  
NOVOSEVEN RT\*  
NPLATE  
NUBEQA\*  
NUCALA\*  
NULIBRY  
NULOJIX  
NUPLAZID\*  
NUTROPIN AQ NUSPIN\*  
NUWIQ\*  
NUZYRA  
NYVEPRIA

### O

OBIZUR  
OCALIVA\*  
OCREVUS\*  
OCTAGAM  
octreotide\*  
ODEFSEY  
ODOMZO\*  
OFEV\*  
OGIVRI  
OGSIVEO  
OJEMDA  
OJJAARA  
OLPRUVA\*  
OLUMIANT\*  
OMNITROPE\*  
OMVOH\*  
ONCASPAR  
ONIVYDE  
ONPATTRO  
ONTRUZANT  
ONUREG  
OPDIVO\*  
OPDUALAG\*  
OPFOLDA\*  
OPSUMIT\*  
OPSYNVI\*  
ORENCIA\*  
ORENCIA CLICKJECT\*  
ORENITRAM ER\*  
ORENITRAM MONTH 1, 2, 3  
TITRATION KIT\*  
ORFADIN  
ORGOVYX  
ORKAMBI\*  
ORLADEYO  
ormalvi  
ORSERDU

ORTHOVISC\*  
OTEZLA\*  
OVIDREL  
oxaliplatin  
OXBRYTA\*  
OXERVATE\*  
OXLUMO  
OZURDEX

### P

paclitaxel  
PACLITAXEL PROTEIN-  
BOUND  
PADCEV  
PALFORZIA  
PALYNZIQ\*  
pamidronate\*  
PANHEMATIN  
PANRETIN\*  
PANZYGA  
PARAGARD T 380-A  
paraplatin  
paricalcitol capsule\*  
paricalcitol vial  
PARSABIV  
pazopanib\*  
PEGASYS\*  
PEMAZYRE  
pemetrexed 100 mg, 500  
mg, 750 mg, 1 gm vial  
penicillamine  
PERJETA  
PHEBURANE\*  
PHESGO\*  
PHOSPHOLINE IODIDE  
PHOTOFRIN  
PIFELTRO  
PIQRAY\*  
pirfenidone\*

PLEGRIDY\*  
PLERIXAFOR  
PLUVICTO  
POLIVY\*  
POMALYST\*  
POMBILITI\*  
PONVORY\*  
PORTRAZZA  
POTELIGEO  
PRADAXA PELLETT PACK  
PRALATREXATE  
PRAXBIND  
PREGNYL  
PREVYMIS TABLET\*  
PREVYMIS VIAL  
PREZCOBIX  
PREZISTA  
PRIALT  
PRIVIGEN\*  
PROCRIT  
PROCYSBI\*  
PROFILNINE\*  
progesterone vial\*  
PROGRAF AMPULE  
PROGRAF CAPSULE,  
PACKET\*  
PROLASTIN C  
PROLEUKIN  
PROLIA  
PROMACTA\*  
PROVENGE  
PROVISC  
PULMOZYME\*  
PURIXAN  
pyrimethamine  
PYRUKYND  
  

### Q

  
QALSODY

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## Medication name

QINLOCK

### R

RADICAVA

RADICAVA ORS\*

RAPAMUNE\*

RAVICTI\*

REBIF\*

REBIF REBIDOSE\*

REBINYN\*

REBLOZYL

REBYOTA

RECLAST\*

RECOMBINATE\*

RECORLEV

RELEUKO

RELYVRIO\*

REMICADE\*

REMODULIN\*

RENFLEXIS\*

RETACRIT

RETEVMO\*

RETISERT

RETROVIR

REVATIO\*

REVCOVI

REVLIMID\*

REYATAZ

REZDIFFRA\*

REZLIDHIA

REZUROCK

RHOGAM ULTRA-

FILTERED PLUS

RHOPHYLAC

RIABNI

RIASTAP

ribavirin capsule, tablet\*

ribavirin vial

RILUTEK\*

riluzole\*

RINVOQ\*

RINVOQ ER\*

RINVOQ LQ\*

ritonavir

RITUXAN

RITUXAN HYCELA

RIVFLOZA

RIXUBIS\*

ROCTAVIAN

ROLVEDON

romidepsin

ROZLYTREK\*

RUBRACA

RUCONEST\*

RUKOBIA

RUXIENCE

RYBREVAANT

RYDAPT\*

RYLAZE

RYPLAZIM

RYSTIGGO

RYTELO

### S

SABRIL\*

sajazir

SAMSCA

SANDIMMUNE AMPULE

SANDIMMUNE CAPSULE,  
ORAL SOLUTION\*

SANDIMMUNE VIAL

SANDOSTATIN\*

SANDOSTATIN LAR DEPOT

SAPHNELO

sapropterin\*

SARCLISA

SCEMBLIX

SCENESSE

SELZENTRY

SENSIPAR

SEROSTIM\*

SEVENFACT\*

SIGNIFOR

SIGNIFOR LAR

sildenafil oral suspension,  
20 mg tablet, vial\*

SILIQ\*

SIMLANDI (CF)\*

SIMPONI\*

SIMPONI ARIA\*

SIMULECT

SINUVA

sirolimus\*

SIRTURO

SKYCLARYS

SKYLA

SKYRIZI\*

SKYSONA

SKYTROFA\*

SODIUM OXYBATE\*

sodium phenylbutyrate\*  
sofosbuvir-velpatasvir\*

SOGROYA

SOHONOS

SOLIRIS

SOMATULINE DEPOT\*

SOMAVERT\*

sorafenib\*

SOTYKTU\*

SOVALDI\*

SPEVIGO\*

SPINRAZA\*

SPRAVATO

SPRYCEL\*

stavudine

STELARA\*

STIMUFEND

STIVARGA\*

STRENSIQ

STRIBILD

SUBLOCADE

SUCRAID

sunitinib\*

SUNLENCA

SUPARTZ FX\*

SUPPRELIN LA\*

SUSVIMO

SUSVIMO IMPLANT AND  
INSERT TOOL

SUTENT\*

SYFOVRE\*

SYLVANT

SYMDEKO\*

SYMFI

SYMFI LO

SYMTUZA

SYNAGIS\*

SYNAREL\*

SYNOJOYNT\*

SYNVISC\*

SYNVISC-ONE\*

SYPRINE\*

### T

TABRECTA\*

tacrolimus capsule\*

tadalafil 20 mg tablet\*

TADLIQ\*

TAFINLAR\*

TAGRISSO\*

TAKHZYRO\*

TALTZ\*

TALVEY

TALZENNA\*

TARCEVA\*

TARGETIN\*

TARPEYO

TASCENSO ODT\*

TASIGNA\*

tasimelteon

TAVALISSE

TAVNEOS

TAZVERIK

TECARTUS

TECELRA

TECENTRIQ\*

TECFIDERA\*

TECVAYLI

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## Medication name

TEGLUTIK	TRAZIMERA	valrubicin	VOTRIENT*
TEGSEDI*	TREANDA	VALSTAR	VOWST
TEMODAR	TRELSTAR*	VANFLYTA	VOXZOGO*
TEMODAR VIAL	TREMFYA*	VANTAS	VPRIV*
temozolomide*	treprostinil*	VARITHENA INJECTABLE	VUMERITY*
temsirolimus	TRETTEN	FOAM	VYEPTI
tenofovir	trientine*	VECTIBIX	VYJUVEK
TEPADINA	TRIKAFTA*	VEGZELMA	VYLEESI
TEPEZZA*	TRILURON*	VELCADE	VYNDAMAX*
TEPMETKO	TRIPTODUR	veletri*	VYNDAGEL*
teriflunomide*	TRISENOX	VELSIPITY	VYONDYS-53
teriparatide 600 mcg/ 2.4 ml pen*	TRIUMEQ	VEMLIDY*	VYVGART*
TERIPARATIDE 620 MCG/ 2.48 ML PEN	TRIUMEQ PD	VENCLEXTA	VYVGART HYTRULO*
TERLIVAZ	TRIVISC	VENTAVIS*	VYXEOS
tetrabenazine*	TRIZIVIR	VEOPOZ	<b>W</b>
TEZSPIRE*	TRODELVY	VERZENIO*	WAINUA
THALOMID*	TROGARZO	VIDAZA	WAKIX*
THIOLA	TRUQAP	vigabatrin*	WELIREG
THIOLA EC	TRUVADA	vigadrone	WILATE*
thiotepa	TRUXIMA	vigpoder	WINREVAIR*
THROMBATE III	TUKYSA	VIJOICE	WINRHO SDF*
THYMOGLOBULIN	TURALIO	VILTEPSO	<b>X</b>
THYROGEN	TYBOST	VIMIZIM	XALKORI*
TIBSOVO	TYENNE VIAL	vinblastine	XDEMVY
TIGLUTIK	TYKERB*	vincasar pfs	XELJANZ*
tiopronin	TYMLOS*	vincristine	XELJANZ XR*
tiopronin dr*	TYSABRI*	vinorelbine	XELODA*
TIVDAK*	TYVASO*	VIRACEPT	XEMBIFY
TIVICAY	TZIELD	VIRAMUNE XR	XENAZINE*
TIVICAY PD	<b>U</b>	VIRAZOLE	XENPOZYME*
TOBI*	UDENYCA	VIREAD	XEOMIN*
TOBI PODHALER*	ULTOMIRIS*	VISCO-3*	XERMELO
tobramycin ampule*	UNITUXIN	VISTOGARD	XGEVA
TOFIDENCE	UPLIZNA*	VISUDYNE	XIAFLEX
tolvaptan	UPTRAVI TABLET, TRITRATION PACK*	VITRAKVI*	XIPERE*
TOPOSAR	UPTRAVI VIAL	VIVIMUSTA	XOLAIR*
topotecan*	<b>V</b>	VIVITROL*	XOLREMDI
TORISEL	VABYSMO*	VIZIMPRO*	XOSPATA
TRACLEER*	VALCHLOR*	VONJO	XPHOZAH
tranexamic acid		VONVENDI*	XPOVIO
		VORAXAZE	
		VOSEVI*	

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

\* Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about how your plan covers this medication. Your plan may require you to fill it through Accredo to be covered.

## Medication name

XTANDI\*  
XURIDEN  
XYNTHA\*  
XYREM  
XYWAV\*

### Y

yargesa  
YCANTH  
YERVOY\*  
YESCARTA  
YONDELIS  
YONSA\*  
YUFLYMA (CF)

YUSIMRY (CF) PEN  
YUTIQ

### Z

ZALTRAP  
ZANOSAR  
ZARXIO\*  
ZAVESCA\*  
ZEJULA  
ZELBORAF\*  
ZEMAIRA 1,000 MG VIAL  
ZEMAIRA 4,000 MG  
5,000 MG VIAL  
ZEMPLAR CAPSULE\*

ZEMPLAR VIAL  
ZEPATIER\*  
ZEPOSIA\*  
ZEPZELCA  
ZEVALIN  
ZIAGEN  
zidovudine  
ZIEXTENZO  
ZILBRYSQ  
ZINPLAVA  
ZIRABEV  
ZOKINVY  
ZOLADEX\*  
zoledronic acid\*

ZOLGENSMA  
ZOLINZA\*  
ZOMACTON\*  
ZORTRESS\*  
ZTALMY  
ZULRESSO  
ZURZUVAE\*  
ZYDELIG\*  
ZYKADIA\*  
ZYMFENTRA\*  
ZYNLONTA  
ZYNTEGLO  
ZYNYZ  
ZYTIGA\*

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

\* Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about how your plan covers this medication. Your plan may require you to fill it through Accredo to be covered.



1. Not all plans offer Accredo as a covered pharmacy option. Please log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna Healthcare maintains an ownership interest in Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.
2. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
3. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
4. Standard shipping costs are included as part of your prescription plan.

**Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.**

Cigna Healthcare reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna Healthcare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

# Discrimination is against the law.

## Medical coverage

Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Cigna Healthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.



If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to **ACAGrievance@Cigna.com** or by writing to the following address:

### Cigna Healthcare

Nondiscrimination Complaint Coordinator  
P.O. Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to **ACAGrievance@Cigna.com**. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
**1.800.368.1019, 800.537.7697 (TDD)**

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCION: Si usted habla un idioma que no sea ingles, tiene a su disposici6n servicios gratuitos de asistencia lingOfstica. Si es un cliente actual de Cigna, llame al numero que figura en el reverso de su tarjeta de identificaci6n. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시시오.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنویان: شماره 711 را شماره‌گیری کنید).